

## Request for Utility and Service Shutdown

0206500\_CP\_11\_13\_en\_A1.5

It is requested that the noted building system(s) be “shutdown” by the Owner to allow for tie-in of services for the Project as enumerated below. We note that three (3) weeks advance notice is required as a minimum for medical and/or research facilities and that all such shutdowns may occur during other than regular working hours.

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Requested Deactivation Date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Subcontractor Name: \_\_\_\_\_ Emerg. Phone No.: \_\_\_\_\_

Centennial Superintendent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Location of Activity:

Building: \_\_\_\_\_ Room(s) Name & No.: \_\_\_\_\_

Description of Work:

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Spec. Section Ref: \_\_\_\_\_ Detail/Drawing Number: \_\_\_\_\_

Not Approved – See comments below:

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Approved - The required information has been reviewed and confirmed to be correct. The deactivation may proceed during the requested date and time as listed above.

\_\_\_\_\_  
Owner Rep Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date